

Employment Eligibility Verification Department of Homeland Security

USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019

U.S. Citizenship and Immigration Services

► START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information than the first day of employment, but no	n and Attestation t before accepting a	n (Employees mu iob offer.)	ist complete an	d sign Se	ection 1 o	f Form I-9 no later
Last Name (Family Name)	First Name (Given Na		Middle Initial	Other Last Names Used (if any)		
Address (Street Number and Name)	Apt. Numbe	r City or Town	1		State	ZIP Code
Date of Birth (mm/dd/yyyy) U.S. Social Sec	curity Number Employee's E-mail Address			Employee's Telephone Number		
I am aware that federal law provides for connection with the completion of this		or fines for false	e statements o	or use of	faise do	cuments in
I attest, under penalty of perjury, that I a	am (check one of th	e following box	es):			
1. A citizen of the United States						<u> </u>
2. A noncitizen national of the United State	s (See instructions)					
3. A lawful permanent resident (Allen Re	gistration Number/USC	IS Number):				
4. An alien authorized to work until (expir				_		
Aliens authorized to work must provide only o An Alien Registration Number/USCIS Number						QR Code - Section 1 Not Write In This Space
Alien Registration Number/USCIS Number OR	: 					
2. Form I-94 Admission Number: OR		- ·	_			
3. Foreign Passport Number:			_			
Country of Issuance:			_			
Signature of Employee			Today's Dat	e (<i>mm/dd.</i>	(vvvv)	
Preparer and/or Translator Certif I did not use a preparer or translator. (Fields below must be completed end sign	A preparer(s) and/or t	ranslator(s) assisted		-	_	
I attest, under penalty of perjury, that I h knowledge the information is true and o		completion of 5	Section 1 of th	is form a	ind that t	o the best of my
Signature of Preparer or Translator				Today's C	ate (mm/c	ld/yyyy)
Last Name (Family Name)		First Nam	e (Given Name)			
Address (Street Number and Name)		City or Town			State	ZIP Code
		1				<u> </u>



Employer Completes Next Page





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Section 2. Employer or (Employers or their authorized repr must physically examine one docum of Acceptable Documents.")	esentative must	complete and sig	n Section	n 2 within 3	business da	ys of the em	ployee's firs ment from L	t day of employment. You ist C as listed on the "Lists
Employee Info from Section 1	Last Name (Fa	mily Name)		First Name	e (Given Nan	ne) N	A.I. Citize	enship/Immigration Status
List A Identity and Employment Aut	OF horization	₹	List Ideni		A	ND	Empl	List C oyment Authorization
Document Title		Document Title		-		Documer		
Issuing Authority		Issuing Authorit	у			Issuing A	Authority	
Document Number		Document Num	ber			Docume	nt Number	
Expiration Date (if any)(mm/dd/yyy	y)	Expiration Date	(if any)(n	nm/dd/yyyy)	Expiratio	n Date <i>(if an</i>	y)(mm/dd/yyyy)
Document Title								
Issuing Authority		Additional In	formatio	n				Code - Sections 2 & 3 Not Write In This Space
Document Number								
Expiration Date (if any)(mm/dd/yyy	y)							
Document Title								
Issuing Authority								
Document Number								
Expiration Date (if any)(mm/dd/yyy	y)							
Certification: I attest, under pe (2) the above-listed document(employee is authorized to work The employee's first day of e	s) appear to be in the United	genuine and t States.			ployee nam	ed, and (3		st of my knowledge the
Signature of Employer or Authorize	d Representativ	e To	day's Dat	e (mm/dd/)	yyy) Title	of Employe	er or Authoria	zed Representative
Last Name of Employer or Authorized I	Representative	First Name of Em	ployer or A	Authorized Ro	epresentative	Employe	er's Business	or Organization Name
Employer's Business or Organization	on Address (Stre	eet Number and i	Name)	City or Tov	vn		State	ZIP Code
Section 3. Reverification	and Rehires	(To be comple	ted and	signed by	employer o	or authorize	ed represe	ntative.)
A. New Name (if applicable)	1=			1			Rehire (if ap	pplicable)
Last Name (Family Name)	First N	ame (Given Nan	ne)	Mid	dle Initial	Date (mm.	/dd/yyyy)	
C. If the employee's previous grant continuing employment authorizatio			expired,	provide the	information	for the docu	ment or rec	elpt that establishes
Document Title Document Number			nt Number	per Expiration Date (if any) (mm/dd/yyyy)				
l attest, under penalty of perjur the employee presented docum	ent(s), the do	cument(s) I hav	/e exam	ined appe				
Signature of Employer or Authorize	d Representativ	e Today's Da	te (mm/d	ld/yyyy)	Name of Er	mployer or A	Authorized R	epresentative

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

	LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity R	LIST C Documents that Establish Employment Authorization ND
3.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766)	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and	 School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document 	DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197)
	(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above:	Identification Card for Use of Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security
6.	Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.